



# Loudoun County Health Department

P.O. Box 7000

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## Food Plan Review and Application Packet

The following packet contains a list of instructions and requirements that must be met before submittal of an application for a food establishment plan review, and or, health permit. Included are a plan review checklist, health notes, and a plan review application. Please take time to review the entire packet.

The Food Regulations are available on the Virginia Department of Health website,

<http://www.vdh.virginia.gov/EnvironmentalHealth/Food/Regulations/index.htm>

All checklist items must be addressed if applicable. Please sign & return the checklist and other required materials / plans to our office. An environmental health specialist will be assigned your review when all required materials have been received, no more than 15 working days upon receipt.

**Plan review success depends on the quality of information submitted.**

## **Overview: Loudoun County Foodservice Facility Plan Review Process**

**When:** This applies to the following food facilities.

- 1) Proposed new restaurants and other foodservice facilities.
- 2) Remodeling or equipment changes in an existing facility.
- 3) Proposed change/expansion of a menu/food service operation.

**How:** The process.

- 1) Site approval by Loudoun County Zoning Department. 703-777-0220
- 2) Well & septic evaluation by HD if not public water & sewer. 703-777-0234
- 3) Submit application, building permit application #, drawings, and specs to Loudoun Health Department.
- 4) An Environmental Health Specialist (EHS) will do a **preliminary** review within 15 workdays. EHS will call the contact person to get missing documentation, specification sheets, menu, etc.; and discuss possible design/equipment/menu changes.
- 5) EHS will clear the Health Department hold on the building permit.
- 6) EHS will inspect the facility (2-4 visits) and list corrective action until approved for permit and a certificate of occupancy.

**What:** Provide the following to the Health Department

- 1) Application For A Department of Health Food Establishment Permit
- 2) Proposed menu or list of catered foods.
- 3) One set of scale drawings (floor plan with equipment layout and identification).
- 4) List of equipment cross-referenced on the layout drawing.
- 5) One set of manufacturers' specifications (cut) sheets on all equipment:
  - Include cooler/freezer, all sinks, water heater, exhaust hood, shelving, microwave, cup dispenser, soda dispenser, water filter, dish washer, ice maker, slicer, blender, mixer, etc.
  - Include shop drawings for exhaust hoods, and custom cabinets and counters.
- 6) Finish schedule for walls, floors and ceiling.
- 7) Plumbing plans: riser diagrams, floor drains, backflow prevention devices, etc.
- 8) Lighting specifications: shielded light fixture in foodservice, food storage, dishwashing, etc.
- 9) A completed plan review checklist.
- 10) A \$40.00 payment at time of plan submittal.

## **Instructions for Submittal of Plans And Or Other Pertinent Information**

The owner/agent must submit plans to the Health Department for review for facilities that will require a Health Department permit. Please note that these plans are processed separately from submittals to the Loudoun County Building & Development Department (B&D). However, we need the Building Permit Application # upon Health Department plan submittal. A completed "Food Establishment Plan Review Packet" must be submitted with the plans along with payment of a \$40.00 plan review fee. The **initial** Health Department review is done within 15 working days after the application; plans and other documentation application are received. A checklist was developed in order to insure that important health code concerns were adequately addressed. This checklist has been provided to you so that you are aware of exactly what information has to

be reviewed prior to approval. In order to expedite this process we require that you go through the checklist and highlight one set of plans/specification sheets/etc. exactly where the item number can be found. The easier it is for us to find the information, the faster the plan review process can proceed. Simply highlight an area/information/health note that corresponds to a particular item on the checklist. The highlight area, and item number, need to be as visible as possible. In the packet there is a list of acceptable health notes that can be used or written on the plans; you can use them if you wish. The completion time largely depends on how thorough the documentation is, and if the facility layout and equipment design is acceptable. When the plans are approved, the health department will release the hold on the building permit.

**NOTE:** Food service establishments, which are being remodeled or have a new owner, must meet current rules and regulations. Facilities which will not require a health department permit or will have a restricted permit must provide more detailed documentation which specifically describes their food service operations. These include food operations with catered foods, limited menu, limited storage, satellite serving kitchen, small 3-vat sink or hot water heater, no exhaust hood, employee only cafeteria, etc.

## **PLAN REVIEW SUBMITTAL DOCUMENTATION**

The following must be included in the plan review package submittal:

1. Completed "Application For A Department of Health Food Establishment Permit."
2. Completed "Plan Review Checklist."
3. A generic / draft or final menu.
4. One (1) set of scale drawing of the floor plan with the equipment layout, including outbuildings, walk-in cooler/freezer, etc. The drawings must include the kitchen, dry food storage, walk-ins, dishwashing, wait service areas, bars, liquor storage, rest rooms, employee break area, mop sink area, dining, and any remote "food" items storage areas.
5. A complete equipment list, including make/model, and a method of identifying each item on the equipment layout. Provide one set of manufacturers cut sheets. "Equipment" includes 3-vat sink with drain boards, hand sinks, mop sink, range, oven, hoods, grill, coolers, freezer, all storage shelves and platforms, work tables, counters /cabinets, hot holding unit, ice maker, ice bin and soda dispenser, microwave, dishwasher, deep fryer, cup dispensers, water filter system, steam table, steam kettle, slicer, blender, juicer, coffee maker, pot racks, frozen soft serve units, mop/broom rack, coat hooks/rack, lockers, and similar items.
6. Finish schedule of walls, floors, baseboard, and ceilings, including material type and color.
7. Plumbing diagrams/risers indicating backflow prevention devices, air gaps, floor drains, grease trap, etc.
8. Hot water heater(s) make/model, kilowatt or BTU output, and hot water recovery rate with 100 degree rise.
9. Exhaust hoods drawing / details must include dimensions, materials, filters, grease collection/cleaning method, CFM of exhaust and makeup air, and facility air balance, etc.
10. Custom counters / cabinets details, i.e., finishes, shelves, etc
11. Lighting layout with light fixture descriptions. Covered/shielded light fixtures (with lens) are required in food prep, "food" item storage, bars, wait stations, and dishwashing areas.
12. Dumpster/trash storage area/enclosure location, materials, finishes, cleaning facilities, etc.
13. A \$40.00 payment at time of plan submittal.

**For catering operations:** A detailed description of equipment to be used for the hot and cold food, and food service equipment transport.

# DETAILED GUIDELINES FOR PROPOSED FOOD ESTABLISHMENT

## WATER SUPPLY & SEWAGE DISPOSAL SYSTEMS

Establishments not on public water and sewer must be approved and inspected by the Health Department for the proposed operation, seating capacity, etc.

## EQUIPMENT AND PLACEMENT

Submit the make/model for each piece of equipment along with a manufacturers' cut sheet.

1. Equipment must be installed in one of two ways to facilitate cleaning under, behind, and on the sides:
  - Equipment must be easily movable (on casters), and have approved connections.
  - Stationary equipment must be installed to facilitate cleaning behind, under, above, and on the sides. Silicone sealer or equivalent is recommended at wall-equipment junctions.
2. Equipment placed on tables or counters, unless readily movable must be sealed in place, or mounted on four-inch (4") legs, and must be installed to facilitate cleaning of the equipment and adjacent areas.
3. Floor mounted equipment (unless readily movable) must be:
  - on six inch (6") legs, or
  - sealed to the floor, installed on a raised platform of concrete or sealed, smooth masonry. Installation must allow leaning under, between, and behind equipment.
4. All equipment must be accessible for cleaning.
5. Refrigeration equipment must be of adequate size to prevent floor storage in walk-in units and stacking of perishable food on shelves. A minimum of four tiers of shelves in coolers and freezers is recommended.

## STORAGE AND SERVICE AREAS

1. Food storage shelving and utensil storage must be easily cleanable and at least six (6) inches off the floor. Storage shelves with locking wheels are recommended. Wooden boxed-in platforms must be secured and sealed to the floor/wall to prevent insect/rodent harborage.
2. An area(s) must be designated for employee clothing and personal items. These areas must not be used for food preparation, storage, service, or for utensil washing or storage. In new construction, if lockers are installed, they must be designed to preclude the storage of articles on top of them.
3. Poisonous or toxic materials must be stored segregated from food items, and secure and out of reach of children. Toxic items may not be stored above food, food equipment, utensils, or single service articles (disposable paper/plastic goods).
4. All self-service customer areas, such as salad bars, must have an approved sneeze guard to protect food from contamination. Well or stand-up dispensers are recommended for disposable cups and snap-on lids. Dispensers for loose flatware (eating utensils) must be provided; unless single use wrapped eating utensils are used.
5. All wooden food storage shelving must be sealed and/or painted to prevent splintering, and must be easily cleanable. Castors are recommended for storage shelves.

## PLUMBING

1. A signed and approved Loudoun County Certificate of Occupancy must be made provided to the Health Department before a foodservice establishment permit can be issued.
2. All equipment requiring drainage must drain into a waste sink, floor drain or other suitable fixture. Plumbing must be installed to prevent back siphonage, in accordance with the Virginia Uniform Statewide Building Code, i.e., a back flow

- prevention device or vacuum breaker for applicable equipment, air gap for ice maker, ice bin, vegetable prep sink, dipper well, etc.
3. If walk-in refrigerators are provided with a floor drain, they are to be graded to drain into a drain outside the unit. The drainage and piping must not create a safety (trip) hazard.
  4. Floor drains and a cove base must be provided for floors which are water-flushed for cleaning, or which receive discharged water or other fluid wastes from equipment. The floor must be graded to a drain.
  5. No exposed sewer line must transverse the ceiling of the establishment.
  6. All exposed pipes and conduits in food preparation and service areas must be properly covered and sealed, or have adequate space provided for cleaning. Equipment conduit lines/cables/hoses and pipes must be six inches (6") off the floor wherever possible.

## **DISHWASHING FACILITIES**

- (1) The vats of the three-compartment sink must be large enough to allow complete immersion of the largest piece of equipment (pots, pans, etc.) to be cleaned. The sink must have integrated drainboards on each end. The temperature of the hot water at the three-vat sink must be at least 120° Fahrenheit.
- (2) If an automatic dishwasher is used, a rinse-flow pressure gauge cock, and a pressure-reducing valve must be installed. A booster heater must be installed for mechanical dishwashers with hot water, rather than chemical sanitization.
- (3) The injection of chemicals into an automatic dishwasher must occur downstream from a vacuum breaker or air gap to prevent possible back siphonage of the chemical into the water service line.
- (4) If a mechanical dish machine is to be installed, the total capacity of the hot water heater must be at least the rated hourly hot rinse water usage of the dishwasher. Booster heaters must be properly sized for hot water sanitization mechanical dishwashers.
- (5) A warewashing machine that uses a chemical for sanitization and that is installed shall be equipped with a device that indicates audibly or visually when more chemical sanitizer needs to be added.

## **RESTROOMS AND HANDSINKS**

- (1) If the establishment has customer seating, public restrooms must be provided for customers. Restrooms must be installed so that customers do not pass through any food preparation or unprotected storage areas.
- (2) All restroom doors must have self-closing devices.
- (3) Restrooms must be ventilated per BOCA code. Mechanical ventilation is required in new or extensively remodeled facilities.
- (4) Hand soap dispensers and paper hand towel dispensers and/or hand dryers must be installed at all lavatories.
- (5) Hand washing facilities must be readily accessible in food preparation and utensil washing areas of the kitchen.
- (6) A covered waste container must be provided in ladies restrooms.
- (7) All hand washing facilities must contain center set mixing valves.

## **VENTILATION**

1. An approved mechanical exhaust ventilation system must be provided for grease, heat, and steam generating devices, i.e., the oven, deep fryer, broiler, grill, hot water dishwasher, etc. Exhaust hoods drawing / details must include dimensions, materials, filters, grease collection/cleaning method, CFM of exhaust and makeup air, etc.

## **WALLS AND FLOORS**

1. Walls and ceilings in food preparation areas must be smooth, easily cleanable, non-absorbent, and durable. Approved

- splash guards (tile, FRP, stainless steel panels, etc) are required in appropriate areas, i.e., dishwashing area, mop sink, exhaust hood, interior garbage holding area, etc. List all wall finishes and colors.
2. Floor covering of all food prep, food storage, and utensil washing areas, walk-in refrigerating units, toilet rooms, locker rooms, and vestibules, must be constructed of smooth, durable material.
  3. The walls and ceilings in food preparation, food service, food item storage areas, equipment washing areas, and toilet rooms, must be smooth, non-absorbent, and easily cleanable. This includes bars and service islands.
  4. Doors and windows must be tight fitting. Screening must be provided if windows can be opened. Screen doors must open outward and must be self-closing. Screening material for doors and windows must not be more than sixteen-inch mesh.

## **LIGHTING**

The minimum lighting requirements are:

1. At least 10 foot candles (110 lux) at a distance of 30 inches (75 cm) above the floor, in walk-in refrigeration units and dry food storage areas and in other areas and rooms during periods of cleaning;
2. At least 20 foot candles (220 lux) at a surface where food is provided for consumer self service such as buffets and salad bars or where fresh produce or packaged foods are sold or offered for consumption; Inside equipment such as reach in and under counter refrigerators; At a distance of 30 inches (75 cm) above the floor in areas used for handwashing, warewashing, and equipment and utensil storage, and in toilet rooms;
3. At least 50 foot candles (540 lux) at a surface where a food employee is working with food or working with utensils or equipment such as knives, slicers, grinders, or saws where employee safety is a factor.

## **Disclaimer**

Title 35, Code of Virginia and Virginia Department of Health Rules and Regulations Governing Restaurants are the primary regulatory statutes which address the operation of food service establishments. These guidelines and other information represent an interpretation of those regulations and are intended to help facilitate proper foodservice facility design.

## **Loudoun Health Department - Foodservice Facility Health Notes**

1. All electrical conduits, pipes, soda lines, drain lines, and electrical cords shall be 6" off the floor and behind and/or below equipment whenever possible.
2. Minimum lighting shall be as follows: (a) 50 foot-candles in food preparation areas. (b) 20 foot-candles at a surface where food is provided for consumer, self service such as buffets and salad bars or where fresh produce or packaged foods are sold or offered for consumption, inside equipment such as reach in and under counter refrigerators, in areas used for handwashing, warewashing, and equipment and utensil storage, and in toilet rooms. (c) 10 foot-candles above the floor, in walk-in refrigeration units and dry food storage areas and in other areas and rooms during periods of cleaning.
3. All shelving and platforms shall be at least 6" off the floor or on castors.
4. Portable equipment (on tables and counters) shall be easily moveable, on 4" legs, or installed/sealed to facilitate cleaning of the equipment and adjacent areas.
5. All cabinets, counters, bars, and restroom vanities shall be smooth, durable, and easily cleanable. All cracks will be caulked and bare wood sealed and/or painted a light color.
6. Walls around 3-vat sinks, mop sinks, dishwashers, and exhaust hoods shall be smooth, durable, easily cleanable and non-absorbent. Wall covering/splash guards shall be (ceramic tile, FRP, stainless steel, etc.) where water, grease, steam,

- heat or splash/food splatter are present. Surfaces of concrete masonry walls shall be smooth (joints flush).
7. Each piece of foodservice equipment with a water or steam line, including but not limited to water filters, beverage equipment water lines, ice makers, steamers, shall have individual back-flow prevention devices, where an air gap is not provided. Mop sink faucets, hose bibs and other water fixtures with threads for a hose shall have a back-flow prevention device.
  8. Ice chests/bins, vegetable prep sinks, and dipper wells shall have air-gapped drain lines.
  9. The basins of the 3-compartment sink shall be large enough to accommodate the largest piece of equipment or utensils.
  10. Ceilings in food preparation, dishwashing, food items storage areas, rest rooms, bars, and customer service/beverage islands, and walk-in refrigeration units shall be smooth, durable, easily cleanable, non-absorbent and light-colored. (No fissured acoustical ceiling tile.) If concrete ceilings are proposed, joints must be flush, and the surface must be smooth. Gaps between exhaust hoods and ceiling shall be sealed.
  11. The ends of soda/ beer line conduits shall be sealed, smooth, easily cleanable and durable.
  12. Gaps between above grade grease traps, mop sinks, 3-vats sinks, hand sinks, exhaust hoods, urinals and other stationary equipment and walls that do not have sufficient space for easy cleaning shall be sealed with smooth, durable, non-absorbent, easily cleanable materials.
  13. In counter hand sinks shall have smooth, durable, easily cleanable splashguards on the side(s) and back as needed to protect food/food items adjacent to the area. (Recommend minimum 6 inches high from front to back of counter.)
  14. A sealed floor cove base shall be provided around wet areas, such as 3-vat sinks, mop sinks, and dishwashers, and around exhaust hoods.
  15. Self-closing devices shall be provided on all restroom and exterior exit doors.
  16. Spray-type dishwashing machines shall have pressure a gauge to permit checking the flow pressure of the final rinse water, a thermometer accurate within 3° F, and a plate/placard of chemical agent, timing and temperature requirements, and minimum and maximum requirements for satisfactory operation.
  17. A warewashing machine that uses a chemical for sanitization and that is installed shall be equipped with a device that indicates audibly or visually when more chemical sanitizer needs to be added.
  18. Refrigeration units shall be set to maintain food at 41° F or less in coolers, and at 0 ° F or less in freezers. All refrigeration shall be operation for the final inspection. All refrigeration units shall have a thermometer accurate within 3° F in an easily readable location.
  19. Trash containers shall be conveniently located near handsinks. A covered trash container shall be provided in the women's restroom.
  20. Wall mounted equipment such as shelves, sinks, counters, vanities, urinals, coat racks, mop racks, wall fan mounts, and hose reels shall be sealed in place (unless the space is not more than 1/32 inch). Gaps between door/window frames/molding and walls/floors shall be sealed.
  21. Windows and exterior doorways, which will be propped open, will be provided with screening material 16th inch mesh or less. Screen doors will have self-closure devices.
  22. The hot water heater(s) shall have be capable of providing adequate hot water to meet the minimum manufacturer's temperature and quantity requirements for mechanical dishwashers, booster heaters, steamers and other foodservice equipment requiring hot water. The minimum hot water temperature at kitchen and utility sinks shall be 120°

WILL COMPLY	EHS REVIEW	CODE NUMBER	CODE	COMMENTS
MENU				
<input type="checkbox"/>	<input type="checkbox"/>	3610	Provided	
<input type="checkbox"/>	<input type="checkbox"/>	270	Compliance with Food Law (Review of menu with compliance to source)	
<input type="checkbox"/>	<input type="checkbox"/>	730	Parasite destruction for raw fish	
<input type="checkbox"/>	<input type="checkbox"/>	850	Written procedures if time is used as a public health control	
<input type="checkbox"/>	<input type="checkbox"/>	3610	Anticipated volume of food to be stored, prepared, and sold or served	
FOOD PROTECTION				
<input type="checkbox"/>	<input type="checkbox"/>	1450	Cooling, heating and holding capacities sufficient in number and capacity and capable of providing food temperatures required.	
<input type="checkbox"/>	<input type="checkbox"/>	1450	Cold holding equipment to maintain food at or below 41 F	
<input type="checkbox"/>	<input type="checkbox"/>	1450	Hot holding equipment to maintain 140 or above	
<input type="checkbox"/>	<input type="checkbox"/>	1450	Equipment for reheating PHF for hot holding must be able to heat food to 165 within two hours prior to holding.	
PLANS				
<input type="checkbox"/>	<input type="checkbox"/>	3610	Proposed layout	
<input type="checkbox"/>	<input type="checkbox"/>	3610	Plumbing schematics	
<input type="checkbox"/>	<input type="checkbox"/>	3610	Finish schedule	
<input type="checkbox"/>	<input type="checkbox"/>	3610	List of equipment- numbered and coordinated to show location on floor plans	
WATER SUPPLY				
<input type="checkbox"/>	<input type="checkbox"/>	2050	Public	
<input type="checkbox"/>	<input type="checkbox"/>	2050	Non-community well PSWID # _____	
<input type="checkbox"/>	<input type="checkbox"/>	2160	Alternate supply	
<input type="checkbox"/>	<input type="checkbox"/>	2120	Capacity- to meet peak hot water demands - HWH make, model no. and size	
PLUMBING				
Hand Washing Sinks				
<input type="checkbox"/>	<input type="checkbox"/>	2280	Accessible to food prep areas	
<input type="checkbox"/>	<input type="checkbox"/>	2280	Accessible to food dispensing areas	
<input type="checkbox"/>	<input type="checkbox"/>	2280	Accessible to ware washing areas	
<input type="checkbox"/>	<input type="checkbox"/>	2280	In or immediately adjacent to toilet rooms	
<input type="checkbox"/>	<input type="checkbox"/>	2190*	No steam mixing valve, To have at least 110 °F	
<input type="checkbox"/>	<input type="checkbox"/>	2190*	At least 15 seconds for self closing faucet	
<input type="checkbox"/>	<input type="checkbox"/>	2650*	Waste receptacle provided	
<input type="checkbox"/>	<input type="checkbox"/>	3020*	Hand wash cleanser available	
<input type="checkbox"/>	<input type="checkbox"/>	3030*	Hand wash drying provision	
<input type="checkbox"/>	<input type="checkbox"/>	3045*	Hand wash signage at all hand sinks	
Ware Washing				
<input type="checkbox"/>	<input type="checkbox"/>	1330	Dishwasher data plate present with temperature, pressure, time required	



WILL COMPLY	EHS REVIEW	CODE NUMBER	CODE	COMMENTS
<input type="checkbox"/>	<input type="checkbox"/>	1340*	Dishwasher curtains/baffles in place	
<input type="checkbox"/>	<input type="checkbox"/>	1380	Dishwasher pressure gauge for hot water sanitize (If it is upstream of hot water sanitizing rinse control valve, it shall be mounted in a ¼" IPS valve. (Not required for machine w/ recirculated sanitizing)	
<input type="checkbox"/>	<input type="checkbox"/>	1350	Dishwasher Temperature measuring devise	
<input type="checkbox"/>	<input type="checkbox"/>	1680*	Dishwasher temperatures- proper temp reached and no greater than 194F	
<input type="checkbox"/>	<input type="checkbox"/>	1370	Dishwasher Sanitizer level indicator (for chemical)	
<input type="checkbox"/>	<input type="checkbox"/>	1700*	Dishwasher sanitizer at correct level	
<input type="checkbox"/>	<input type="checkbox"/>	1460	2-vat sink approved/ limited use	
<input type="checkbox"/>	<input type="checkbox"/>	1460	3-vat available and large enough sinks or provide alternate ware washing	
<input type="checkbox"/>	<input type="checkbox"/>	1390*	3-vat Sinks and drain boards are to be self-draining	
<input type="checkbox"/>	<input type="checkbox"/>	1470	3-vat with drain boards large enough to accommodate soiled and clean items	
<input type="checkbox"/>	<input type="checkbox"/>	1530*	Sanitizing solution test kit provided	
<input type="checkbox"/>	<input type="checkbox"/>	1530	Thermometer for manual ware washing provided	
<b>Backflow Prevention</b>				
<input type="checkbox"/>	<input type="checkbox"/>	2200	Air gap at least 2x supply inlet and >1" min	
<input type="checkbox"/>	<input type="checkbox"/>	2210	Backflow devises comply w/ VUSBC	
<input type="checkbox"/>	<input type="checkbox"/>	2260	Placed where required- hose bibbs	
<input type="checkbox"/>	<input type="checkbox"/>	2290	Located to be easily serviced and maintained	
<input type="checkbox"/>	<input type="checkbox"/>	2330*	Scheduled to be maintained and serviced	
<b>Conditioning Devices</b>				
<input type="checkbox"/>	<input type="checkbox"/>	2220	Designed with replaceable water filter	
<input type="checkbox"/>	<input type="checkbox"/>	2300	Located to facilitate servicing and cleaning	
<b>Service Sinks or Curbed Cleaning Facility</b>				
<input type="checkbox"/>	<input type="checkbox"/>	2250	Provided and conveniently located	
<input type="checkbox"/>	<input type="checkbox"/>	2510	Approved sewage system-including grease traps	
<input type="checkbox"/>	<input type="checkbox"/>	3110	Available	
<b>SEWAGE</b>				
<input type="checkbox"/>	<input type="checkbox"/>	2180	Public	
<input type="checkbox"/>	<input type="checkbox"/>	2180	Other	
<input type="checkbox"/>	<input type="checkbox"/>	2520	No direct connection between sewage and food equipment except, if a ware washing machine which is within 5' of a trapped floor drain and the machine outlet is connected to the inlet side of a properly vented floor drain trap, or if allowed by law, a culinary or ware washing sink may have a direct connection.	
<input type="checkbox"/>	<input type="checkbox"/>	2530	Grease trap is to be easily accessible for cleaning	
<b>WASTE</b>				
<input type="checkbox"/>	<input type="checkbox"/>	2610	Dumpster enclosure durable/cleanable	
<input type="checkbox"/>	<input type="checkbox"/>	2730*	Dumpster drains have plug in place	

WILL COMPLY	EHS REVIEW	CODE NUMBER	CODE	COMMENTS
<input type="checkbox"/>	<input type="checkbox"/>	2670	Dumpster cleaning implements such as high-pressure pumps, hot water, and steam for cleaning of waste receptacles provided unless off premise cleaning service is provided	
<input type="checkbox"/>	<input type="checkbox"/>	2680	Dumpster location not a nuisance	
<input type="checkbox"/>	<input type="checkbox"/>	2600	Dumpster pad nonabsorbent, sloped to drain	
<input type="checkbox"/>	<input type="checkbox"/>	2620	Garbage containers-durable, cleanable, rodent resistant	
<input type="checkbox"/>	<input type="checkbox"/>	2640*	Garbage containers outside are covered with tight fitting doors	
<input type="checkbox"/>	<input type="checkbox"/>	2650	Garbage area- sufficient storage area for waste inside and outside	
<input type="checkbox"/>	<input type="checkbox"/>	2590	Garbage area inside- to be finished, outer openings protected	
<input type="checkbox"/>	<input type="checkbox"/>	2980	Garbage area outside- curbed/graded to collect & dispose of liquid waste from refuse and cleaning	
<b>PHYSICAL FACILITY</b>				
<b>Walls, Floors, Ceiling</b>				
<input type="checkbox"/>	<input type="checkbox"/>	2790	Floor Materials- are smooth, durable and cleanable.	
<input type="checkbox"/>	<input type="checkbox"/>	2790	Floor nonabsorbent/durable in moist area (bathroom, ware washing area, food prep, walk-ins, refuse storage areas)	
<input type="checkbox"/>	<input type="checkbox"/>	2810*	Floor construction-smooth/cleanable	
<input type="checkbox"/>	<input type="checkbox"/>	2830	Floor/wall juncture sealed /coved if water flushing cleaning used	
<input type="checkbox"/>	<input type="checkbox"/>	2830	Floor drains/ graded for water flush	
<input type="checkbox"/>	<input type="checkbox"/>	2880	Floor joists not exposed in moist areas	
<input type="checkbox"/>	<input type="checkbox"/>	2820	Floor- no exposed lines or pipes installed on	
<input type="checkbox"/>	<input type="checkbox"/>	2850*	Mats and duckboards to be easily removable and cleanable	
<input type="checkbox"/>	<input type="checkbox"/>	2790	Walls and ceilings- materials are smooth, durable, cleanable	
<input type="checkbox"/>	<input type="checkbox"/>	2810*	Walls and ceiling- construction and installation smooth and easily cleanable	
<input type="checkbox"/>	<input type="checkbox"/>	2820	No unnecessarily exposed utility lines and pipes	
<input type="checkbox"/>	<input type="checkbox"/>	2860	Cinderblock wall smooth/sealed/easily cleanable (except dry storage with no moisture)	
<input type="checkbox"/>	<input type="checkbox"/>	2880	Studs, joist, rafters- not to be in areas subject to moisture.	
<b>Lighting</b>				
<input type="checkbox"/>	<input type="checkbox"/>	2890	Light bulbs shielded (except not necessary in areas for unopened packages)	
<input type="checkbox"/>	<input type="checkbox"/>	3080	Intensity - 10 fc 30" above floor in walk-in and dry food storage 20 fc @ buffets, salad bars, inside reach-ins, 30" above floor in hand wash, ware wash, utensil storage and toilet rooms 50 fc where employee safety is a factor (slicers, knives, grinders, saws)	
<b>Vents</b>				
<input type="checkbox"/>	<input type="checkbox"/>	2900	Makeup air and intake vents do not cause contamination of food, equipment, food surfaces	
<input type="checkbox"/>	<input type="checkbox"/>	1480*	Ventilation hood system adequate to prevent grease or condensation accumulating)	

WILL COMPLY	EHS REVIEW	CODE NUMBER	CODE	COMMENTS
<input type="checkbox"/>	<input type="checkbox"/>	3090	Mechanical ventilation provided where necessary (keep rooms free of excessive heat, steam, condensation, vapors, obnoxious odors, smoke, and fumes)	
<input type="checkbox"/>	<input type="checkbox"/>	1170	Filters or other grease extracting equipment shall be designed to be readily removable for cleaning and replacement if not designed to be cleaned in place	
<input type="checkbox"/>	<input type="checkbox"/>	1210	Ventilation hood system, drip prevention. Hood, fans, guards, and ducting to be designed to prevent grease or condensation from dripping onto food, eq., utensils, linens, and single use	
<b>Insect and Pest Control</b>				
<input type="checkbox"/>	<input type="checkbox"/>	2910*	Devises not installed over food prep area	
<input type="checkbox"/>	<input type="checkbox"/>	2930*	Outer openings are protected	
<b>Toilet Rooms</b>				
<input type="checkbox"/>	<input type="checkbox"/>	2920*	Tight fitting and self closing door	
<input type="checkbox"/>	<input type="checkbox"/>	2240	No fewer toilets than required by law	
<input type="checkbox"/>	<input type="checkbox"/>	3070*	Toilet tissue available	
<input type="checkbox"/>	<input type="checkbox"/>	3130	If sit down service, no customer travel through food prep or handling areas	
<input type="checkbox"/>	<input type="checkbox"/>	3090	Mechanical ventilation provided	
<input type="checkbox"/>	<input type="checkbox"/>	2660*	Covered trash container in ladies room	
<input type="checkbox"/>	<input type="checkbox"/>	2990	Private home or living/sleeping quarters may not be used for food establishment operations	
<b>Living Quarters</b>				
<input type="checkbox"/>	<input type="checkbox"/>	3000	Separation of living/sleeping quarters from areas used for food establishment operations.	
<b>Employee Area</b>				
<input type="checkbox"/>	<input type="checkbox"/>	3100	Designated dressing room if employees change clothes	
<input type="checkbox"/>	<input type="checkbox"/>	3100	Lockers provided for storage of personal items	
<input type="checkbox"/>	<input type="checkbox"/>	3140	Designated area for employees to eat, drink, smoke	
<input type="checkbox"/>	<input type="checkbox"/>	3140	Location of lockers and employee designated areas in location to preclude contamination of food, equipment, single service and linens	
<b>Other Designated Areas</b>				
<input type="checkbox"/>	<input type="checkbox"/>	3150	Distressed merchandise segregation, location	
<input type="checkbox"/>	<input type="checkbox"/>	3340	Toxic item storage- separate	
<input type="checkbox"/>	<input type="checkbox"/>	3290	Cleaning equipment storage	
<input type="checkbox"/>	<input type="checkbox"/>	1540	Laundry machine location- no exposed foods, utensils, single service	
<input type="checkbox"/>	<input type="checkbox"/>	3480	First aid supplies	
<b>EQUIPMENT</b>				
<input type="checkbox"/>	<input type="checkbox"/>	1110	CIP equipment self draining	
<input type="checkbox"/>	<input type="checkbox"/>	1220	Cover overlaps & drains	
<input type="checkbox"/>	<input type="checkbox"/>	1140	Can opener blade replaceable	

WILL COMPLY	EHS REVIEW	CODE NUMBER	CODE	COMMENTS
<input type="checkbox"/>	<input type="checkbox"/>	550	In-use utensils, between use storage (ice cream scoop, rice scoops, serving utensils for PHF)	
<input type="checkbox"/>	<input type="checkbox"/>	1400	Drains provided for water, ice melt, condensation	
<input type="checkbox"/>	<input type="checkbox"/>	1260	Beverage tubing integral plate/no ice contact	
<input type="checkbox"/>	<input type="checkbox"/>	1270	No liquid waste drain lines passing through ice storage bin	
<input type="checkbox"/>	<input type="checkbox"/>	1550	Fixed equipment sealed or spaced for cleaning	
<input type="checkbox"/>	<input type="checkbox"/>	1560	Floor mounted equipment 6" up (see exceptions B&C)	
<input type="checkbox"/>	<input type="checkbox"/>	1560	Table mounted equipment sealed or 4" up. Exceptions: (3" legs with 20" access-(40"x40") maximum footprint; 2" legs with 3" access-(6"x6") max footprint; access for cleaning	
<input type="checkbox"/>	<input type="checkbox"/>	1440	Food equipment certified ANSI complies w/Regulations 960-1440	
<input type="checkbox"/>	<input type="checkbox"/>	1230	Self-service dispensing equipment designed to prevent contact with lip contact surfaces of cups	
<input type="checkbox"/>	<input type="checkbox"/>	1160	Kick plates removable; access	
<input type="checkbox"/>	<input type="checkbox"/>	1330	Molluscan shellfish tanks	
<input type="checkbox"/>	<input type="checkbox"/>	1540	Location of equipment, food, utensils, not to be in locker room, toilet room, garbage room, mechanical room, under unshielded sewer lines, under open stairwells.	

Agents Signature \_\_\_\_\_

Agents Name (print) \_\_\_\_\_ Date: \_\_\_\_\_



# Loudoun County Health Department

P.O. Box 7000

1 Harrison Street Southeast

Leesburg VA 20177-7000

## Application for a Plan Review

☐ Restaurant/Food Establishment - **\$40.00 Fee**

☐ Swimming Pool - **NO Fee**

☐ New

☐ Remodel

☐ Change of Owner

Facility Name

\_\_\_\_\_

Facility Address

\_\_\_\_\_

Suite

\_\_\_\_\_

Facility City

\_\_\_\_\_

Zip

\_\_\_\_\_

**If Change of Food Facility Owner, Current or Former Facility Name**

\_\_\_\_\_

Legal Owner Name

\_\_\_\_\_

Address

\_\_\_\_\_

Contact

Work

\_\_\_\_\_

Cell

\_\_\_\_\_

E-Mail

\_\_\_\_\_

### Authorized Contact Responsible for Plan Review Submittal

Name

\_\_\_\_\_

Address

\_\_\_\_\_

Contact

Work

\_\_\_\_\_

Cell

\_\_\_\_\_

E-Mail

\_\_\_\_\_

Signature

\_\_\_\_\_

Title

\_\_\_\_\_

Print Name

\_\_\_\_\_

Date

\_\_\_\_\_

**Make Checks Payable to VDH**